

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

ADDRESS (number and street) ▼

655 Beach Street

☐ Check if different than previously reported. (ACC)

San Francisco

CA

94109

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00196246

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☒ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
07 01 2012

through

M M M / D D D / Y Y Y Y Y Y
07 31 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Steven Rausch

Signature of Treasurer

Steven Rausch

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
08 17 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y 07 / 01 / 2012 To: M M / D D / Y Y Y Y Y Y 07 / 31 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2012		455910.36
(b) Cash on Hand at Beginning of Reporting Period.....	504812.25	
(c) Total Receipts (from Line 19)	58955.47	518050.97
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	563767.72	973961.33
7. Total Disbursements (from Line 31)	86764.84	496958.45
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	477002.88	477002.88
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y Y
 07 / 01 / 2012

To:

 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2012
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

48322.00

426406.93

(ii) Unitemized

10533.47

90544.04

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

58855.47

516950.97

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

58855.47

516950.97

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

1000.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

100.00

100.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))..... ▶

58955.47

518050.97

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

58955.47

518050.97

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1764.84	10579.08
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1764.84	10579.08
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	85000.00	418147.69
24. Independent Expenditures (use Schedule E)	0.00	57000.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	11231.68
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	11231.68
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	86764.84	496958.45
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	86764.84	496958.45

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	58855.47	516950.97
34. Total Contribution Refunds (from Line 28(d))	0.00	11231.68
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	58855.47	505719.29
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	1764.84	10579.08
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	1764.84	10579.08

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 70

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Arthur Allen Jr.

Mailing Address 2100 Webster St

Pacific Eye Assoc, Ste 214

City

San Francisco

State

CA

Zip Code

94115-2375

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 23 / 2012

Transaction ID : 14E4A92E8613AEDCF2F

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Christopher Andreoli

Mailing Address 49 Chinian Path

City

Newton Center

State

MA

Zip Code

02459-3514

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 03 / 2012

Transaction ID : BAE5072BE4503EF50D2

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Stuart Anness

Mailing Address 1875 Forest View Ln

City

Cincinnati

State

OH

Zip Code

45233-4965

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

07 / 05 / 2012

Transaction ID : BB28DE19CC7937073D8

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1115.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Antonio Aragon II

Mailing Address 7411 Wallace Blvd

City State Zip Code
Amarillo TX 79106-1835

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 17 / 2012

Transaction ID : ACF2FA3D8A70B7311E0

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dennis Asselin

Mailing Address 2301 Lac De Ville Blvd

City State Zip Code
Rochester NY 14618-5646

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 30 / 2012

Transaction ID : DC2C72B1699F2D090F6

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Alan Baribeau

Mailing Address 7830 Louis Pasteur Dr

City State Zip Code
San Antonio TX 78229-3404

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 03 / 2012

Transaction ID : 1432045C40F4B7B6531

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

1365.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Ronald Barke

Mailing Address 910 N Davis Dr
Ste 100

City State Zip Code
Arlington TX 76012-3200

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 18 / 2012

Transaction ID : 469894700A9268CA6FB7

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Anthony Barri

Mailing Address 489 Route 184
Ste 100

City State Zip Code
Groton CT 06340-6208

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 16 / 2012

Transaction ID : 3834162BFB3BBD08043

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ivan Batlle

Mailing Address 9301 W 74th St
Ste 210

City State Zip Code
Shawnee Mission KS 66204-2235

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2012

Transaction ID : 47209609CDF4D7EBE5F9

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ►

625.01

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Ivan Baumwell

Mailing Address 400 Broad St
Ste 2020

City State Zip Code
Sewickley PA 15143-1500

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

07 / 26 / 2012

Transaction ID : 424C96B92CADF47B8DC8

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. William Bearden

Mailing Address 400 Westhampton Sta

City State Zip Code
Richmond VA 23226-3330

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 13 / 2012

Transaction ID : 6A57D58DC681789399A

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Steven Bodine

Mailing Address 915 Palmer Rd
Retina Consultations

City State Zip Code
Bronxville NY 10708-3304

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

07 / 28 / 2012

Transaction ID : 4DFB8DC9655525E2B561

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ►

375.01

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Timothy Bonner

Mailing Address 1542 Golf Course Rd
Ste 201

City State Zip Code
Grand Rapids MN 55744-3537

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

MM / DD / YYYY
07 / 02 / 2012

Transaction ID : 994D43A5DD7F413E590

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. David Boyer

Mailing Address 1127 Wilshire Blvd
Ste 1620

City State Zip Code
Los Angeles CA 90017-4007

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
07 / 30 / 2012

Transaction ID : EE865AB08B34CF54B02

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Daniel Briceland

Mailing Address PO Box 2960
7101 E Carefree Drive/

City State Zip Code
Carefree AZ 85377-2960

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
07 / 20 / 2012

Transaction ID : 7BCEF92325C9F8F9514

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1865.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. James Gerard Brooks Jr.

Mailing Address 2718 Madden Dr

City

Columbus

State

GA

Zip Code

31906-1137

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

07 / 22 / 2012

Transaction ID : 4FD1B872FB8C8467847A

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Mark Brower

Mailing Address 504 Willabay Dr

City

Williams Bay

State

WI

Zip Code

53191-9627

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 03 / 2012

Transaction ID : 0EF8749CD6C2FDD64E5

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Donna Dodson Brown

Mailing Address 400 Westhampton Sta

City

Richmond

State

VA

Zip Code

23226-3330

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

07 / 12 / 2012

Transaction ID : 4D2B72880EA29D13983

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1541.67

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 70

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Beth Bruening

Mailing Address 3710 N Westshore Dr

City State Zip Code
 North Sioux City SD 57049-4076

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 19 / 2012

Transaction ID : 9E76E0793F54A865F32

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Bruce BrummMailing Address 6751 N 72nd St
Ste 105

City State Zip Code
 Omaha NE 68122-1746

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 03 / 2012

Transaction ID : 4B719255EC385FF5A739

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Robert BullingtonMailing Address 4400 N 32nd St
Ste 280

City State Zip Code
 Phoenix AZ 85018-3978

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 17 / 2012

Transaction ID : EEABB4761F01AF458F9

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1541.67

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Frank Burns

Mailing Address 301 Pepperbush Rd

City

Louisville

State

KY

Zip Code

40207-5707

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

07 / 06 / 2012

Transaction ID : 4E27A6394C9F20772B61

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Kristin Carter

Mailing Address 1615 N Swan Rd

City

Tucson

State

AZ

Zip Code

85712-4046

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 19 / 2012

Transaction ID : 6FEAF530701635A7900

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Barry Chaiken

Mailing Address 625 Park Ave

City

New York

State

NY

Zip Code

10065-6545

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 03 / 2012

Transaction ID : 95154F13E286E077D81

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1083.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Thomas T. Chang

Mailing Address 70 E 10th St
Apt 1F

City State Zip Code
New York NY 10003-5105

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
07 / 05 / 2012

Transaction ID : 186237B3DAB9BDDAAB7

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Carol Strain Clemons

Mailing Address 471 Ashley Ridge Blvd
Ste 300

City State Zip Code
Shreveport LA 71106-7229

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.87

Date of Receipt

MM / DD / YYYY
07 / 08 / 2012

Transaction ID : 42A8A25ADDE6C3E1AA0F

Amount of Each Receipt this Period

30.41

Full Name (Last, First, Middle Initial)

C. Atys Cope

Mailing Address PO Box 239

City State Zip Code
Statesboro GA 30459-0239

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.38

Date of Receipt

MM / DD / YYYY
07 / 27 / 2012

Transaction ID : 4C048A3A497BDCBD2D1E

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

363.75

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Victor Crosby

Mailing Address 140 Trinity Pl
Bldg B

City Athens State GA Zip Code 30607-2100

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

07 / 19 / 2012

Transaction ID : 055C63A521F4FCFF40A

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Terry Croyle

Mailing Address 2375 S Main St

City Moultrie State GA Zip Code 31768-6517

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

07 / 24 / 2012

Transaction ID : 866C924372F77118AC2

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Michael Daun

Mailing Address 2055 Reading Rd
Ste 330

City Cincinnati State OH Zip Code 45202-1439

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.87

Date of Receipt

07 / 08 / 2012

Transaction ID : 4216A563EE84F936D788

Amount of Each Receipt this Period

30.41

SUBTOTAL of Receipts This Page (optional)..... ►

445.41

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Geetha Davis

Mailing Address 102 Corcoran Dr

City
Columbia

State
MO

Zip Code
65202-4067

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

07 / 05 / 2012

Transaction ID : 8E187470EE47EE28A27

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Daniel Day

Mailing Address 8401 Golden Valley Rd
Ste 330

City
Golden Valley

State
MN

Zip Code
55427-4488

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

07 / 30 / 2012

Transaction ID : 8B8366C4988A018D1B2

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Edward Decker

Mailing Address 19 Windridge Dr

City
North Caldwell

State
NJ

Zip Code
07006-4046

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 24 / 2012

Transaction ID : 8342A734A4602B1BA08

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

980.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Paul DeGregorio

Mailing Address 2 Pillsbury St
Ste 100

City State Zip Code
Concord NH 03301-3549

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 25 / 2012

Transaction ID : 244F472BDFE44AAC128

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Peter Diedrichsen

Mailing Address PO Box 1275

City State Zip Code
Columbus NE 68602-1275

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 24 / 2012

Transaction ID : B28B79979BC9A45FA9D

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Robert Elliston

Mailing Address 1750 El Camino Real
Ste 103

City State Zip Code
Burlingame CA 94010-3210

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

07 / 23 / 2012

Transaction ID : 0EA710CB1D0C22E322E

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1550.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Arthur Fishman

Mailing Address 603 N Flamingo Rd
Ste 250

City State Zip Code
Pembroke Pines FL 33028-1013

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.87

Date of Receipt

07 / 08 / 2012

Transaction ID : 4EA3904D747A6F88002C

Amount of Each Receipt this Period

30.41

Full Name (Last, First, Middle Initial)

B. Brian Flowers

Mailing Address 1201 Summit Ave

City State Zip Code
Fort Worth TX 76102-4413

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 09 / 2012

Transaction ID : A81494540F5E028BA4F

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Erin Fogel

Mailing Address 13 N Bow Dunbarton Rd

City State Zip Code
Bow NH 03304-4701

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

91.23

Date of Receipt

07 / 26 / 2012

Transaction ID : 4EFCBFF7EA77B2EC2DC0

Amount of Each Receipt this Period

30.41

SUBTOTAL of Receipts This Page (optional)..... ►

560.82

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Sunir Garg

Mailing Address 840 Walnut St
Ste 1020

City Philadelphia State PA Zip Code 19107-5109

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.94

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 27 / 2012

Transaction ID : 43008374BDB94FD5B1CA

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Geoffrey Garrett

Mailing Address 1455 E Bert Kouns Loop

City Shreveport State LA Zip Code 71105-5634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 30 / 2012

Transaction ID : F0C4AE727E0FCBE317C

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Jane Gilbert

Mailing Address 94082 Hollow Stump Ln

City North Bend State OR Zip Code 97459-8570

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 16 / 2012

Transaction ID : 3EF5CD0FF8E28A8143E

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1030.42

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Michael Gilbert

Mailing Address 1364 91st Ave NE

City

Clyde Hill

State

WA

Zip Code

98004-3326

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.38

Date of Receipt

07 / 03 / 2012

Transaction ID : 4EF1820C41BEB3C96D19

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Lawrence Goldberg

Mailing Address 4957 38th Ave N
Ste D

City

Saint Petersburg

State

FL

Zip Code

33710-2174

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

07 / 02 / 2012

Transaction ID : 5F52AA2CDD650EFA37

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

c. John Douglas Goosey

Mailing Address 6545 Rutgers Ave

City

Houston

State

TX

Zip Code

77005-3850

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

07 / 28 / 2012

Transaction ID : 4BFE8400C7B946237DCB

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

548.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Edward Graul

Mailing Address 251 Moosa Blvd

City

Eunice

State

LA

Zip Code

70535-3638

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

07 / 19 / 2012

Transaction ID : C1A89E13300E9859907

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Edward Graul

Mailing Address 251 Moosa Blvd

City

Eunice

State

LA

Zip Code

70535-3638

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

07 / 30 / 2012

Transaction ID : 7FF71EB4AE3702C41B3

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Constance Grignon

Mailing Address 3700 Aspen Dr

City

West Des Moines

State

IA

Zip Code

50265-3146

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 17 / 2012

Transaction ID : 1CD1C2F8D00B7C9CAA3

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1230.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Bruce Grossnickle

Mailing Address 2251 Dubois Dr

City

Warsaw

State

IN

Zip Code

46580-3212

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 19 / 2012

Transaction ID : 5A5BCEA4C5C5C90CDBD

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. John Haley

Mailing Address 1626 Forest Ln S
Ste B

City

Garland

State

TX

Zip Code

75042-7943

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

07 / 06 / 2012

Transaction ID : 42C08B430EE9255D628C

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. James Hall

Mailing Address 341 Matchlock Commons

City

Spartanburg

State

SC

Zip Code

29302-4441

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 12 / 2012

Transaction ID : 9BD2B52A7BFDD813243

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

583.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. George Harocopos

Mailing Address 660 S Euclid Ave

City

Saint Louis

State

MO

Zip Code

63110-1010

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 02 / 2012

Transaction ID : 5DCE82BBFF56D4AB760

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Robert Haverly

Mailing Address 311 W 24th St
Ste 401

City

Erie

State

PA

Zip Code

16502-2667

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

07 / 24 / 2012

Transaction ID : DA102A2EB5715DB55DA

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Warren Hill

Mailing Address 5620 E Broadway Rd

City

Mesa

State

AZ

Zip Code

85206-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 05 / 2012

Transaction ID : E5C0C3AD1A00B8178F3

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1065.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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(check only one)

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. William Holcomb

Mailing Address Suite 410

1890 Highway 157

City

Cullman

State

AL

Zip Code

35058-0689

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.38

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 16 / 2012

Transaction ID : 4DB2A99FFB47C0B62995

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. David Hunter

Mailing Address 300 Longwood Ave

City

Boston

State

MA

Zip Code

02115-5724

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.94

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 13 / 2012

Transaction ID : 457DA8FFFA0046C02110

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. W. Jackson Iliff

Mailing Address 901 Crystal Spring Farm Rd

City

Annapolis

State

MD

Zip Code

21403-1001

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 30 / 2012

Transaction ID : 485FA105656212E1D0F5

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

163.76

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Robert Janigian

Mailing Address 131 Applegate Rd

City

Cranston

State

RI

Zip Code

02920-3731

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 30 / 2012

Transaction ID : 0F1EBDA55940E5388EA

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Randolph Johnston

Mailing Address 1300 E 20th St

City

Cheyenne

State

WY

Zip Code

82001-4021

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2012

Transaction ID : 4256AE6079C01D36CD89

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Leslie Jones

Mailing Address 2041 Georgia Ave NW
Ste 2100

City

Washington

State

DC

Zip Code

20060-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 08 / 2012

Transaction ID : 4711A706C80BEBD2CC96

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

183.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Jerome Jordan

Mailing Address 200 Mifflin Ave

City

Scranton

State

PA

Zip Code

18503-1982

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

291.69

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 02 / 2012

Transaction ID : 43FF9D9D2F5EDF9B6A82

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. James Klein

Mailing Address 21711 Greater Mack Ave

City

Saint Clair Shores

State

MI

Zip Code

48080-2418

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 06 / 2012

Transaction ID : 44D9A49421B29BE21E5A

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Craig Kliger

Mailing Address 100 Galewood Cir

City

San Francisco

State

CA

Zip Code

94131-1132

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

712.94

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 24 / 2012

Transaction ID : 43369BB4546FEF1B06C0

Amount of Each Receipt this Period

30.42

SUBTOTAL of Receipts This Page (optional)..... ►

172.09

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Nicholas Kokoris

Mailing Address 7749 Painter Ave

City
Whittier

State
CA

Zip Code
90602-2411

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 13 / 2012

Transaction ID : 097C05FEE8F2BDEAC43

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Yannis Kolettis

Mailing Address 8921 N Wood Sage Rd

City
Peoria

State
IL

Zip Code
61615-7822

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

07 / 03 / 2012

Transaction ID : 04CC3A672F2CB04876E

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Douglas Kopp

Mailing Address 2222 W 24th St
Unit 10

City
Plainview

State
TX

Zip Code
79072-1802

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 08 / 2012

Transaction ID : 4D4A98FDD4DEA56BB057

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Dean Larson

Mailing Address 15620 New Hampshire Ct

City State Zip Code
Fort Myers FL 33908-4168

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

07 / 18 / 2012

Transaction ID : 1C424AA2F69D6401DDD

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. Janice Law

Mailing Address 2311 Pierce Ave

City State Zip Code
Nashville TN 37232-0025

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 06 / 2012

Transaction ID : 4AC98ABF831C559D150F

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Andy Lee

Mailing Address 388 E Highway 67

City State Zip Code
Duncanville TX 75137-4159

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 17 / 2012

Transaction ID : 1549DE10D9A75BCB680

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

925.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Ronald Lowery

Mailing Address 10 Hospital Cir

City
Batesville

State
AR

Zip Code
72501-7310

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

07 / 20 / 2012

Transaction ID : 68E232C43B378BCAE47

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. David Ludwick

Mailing Address 825 5th Ave
Ste 102

City

Chambersburg

State

PA

Zip Code

17201-4214

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 23 / 2012

Transaction ID : 6231271FFCFAA718FF7

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Ahad Mahootchi

Mailing Address PO Box 1059

City

Zephyrhills

State

FL

Zip Code

33539-1059

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

07 / 26 / 2012

Transaction ID : 4784A02FEB06C15C5084

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1583.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. James Maisel

Mailing Address 400 S Oyster Bay Rd
Ste 305

City State Zip Code
Hicksville NY 11801-3500

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 13 / 2012

Transaction ID : 4F0A7B6E8C9EB5EF925

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Suresh Mandava

Mailing Address 4 Dearfield Dr

City State Zip Code
Greenwich CT 06831-5351

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 23 / 2012

Transaction ID : 2E8FA734EFB53EB24AB

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Majid Mani

Mailing Address 8736 Glenwick Ln

City State Zip Code
La Jolla CA 92037-2039

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 13 / 2012

Transaction ID : 137E33CA8DB4614CE4E

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Francis Manning

Mailing Address 2115 Noll Dr

City
Lancaster

State
PA

Zip Code
17603-7600

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 11 / 2012

Transaction ID : CFBCD5AB3794711D52

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Linda Margulies

Mailing Address 150 Muir Rd
1121

City

Martinez

State

CA

Zip Code

94553-4668

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 25 / 2012

Transaction ID : 7310A979DCCA0986DA9

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Benjamin Mason

Mailing Address 1110 Eagle Ridge Rd

City

Cedar Falls

State

IA

Zip Code

50613-1514

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

07 / 29 / 2012

Transaction ID : 4F2CB09C92D0C1E4285D

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

841.67

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Mark Mayle

Mailing Address 269 Hoffman Ave

City State Zip Code
Morgantown WV 26505-7302

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.38

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 12 / 2012

Transaction ID : 49A98AD4D46F9C3D6254

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. C. McCarty

Mailing Address 7411 Wallace Blvd

City State Zip Code
Amarillo TX 79106-1835

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 07 / 2012

Transaction ID : 411E889631823D649024

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Gregory McCormick

Mailing Address 180 Magee Hill Rd

City State Zip Code
Hinesburg VT 05461-3163

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 30 / 2012

Transaction ID : BC23614BB4200F4D073

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

498.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. M. Lisa McHam

Mailing Address 1900 Crown Colony Dr
Ste 300

City Quincy State MA Zip Code 02169-0979

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 20 / 2012

Transaction ID : 443F99B5A48F062867D7

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Calvin Mein

Mailing Address 9480 Huebner Rd
Ste 310

City San Antonio State TX Zip Code 78240-1657

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 09 / 2012

Transaction ID : D9DF816415BE5A29E1A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Robert Melendez

Mailing Address 735 Grey Hawk Dr NE

City Rio Rancho State NM Zip Code 87144-4709

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.68

Date of Receipt

07 / 12 / 2012

Transaction ID : 459C84A2F5765DD5D411

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ►

591.67

TOTAL This Period (last page this line number only)..... ►

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Mark Melson

Mailing Address 109 Wentworth Ave

City

Nashville

State

TN

Zip Code

37215-2229

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

07 / 12 / 2012

Transaction ID : 7684E2F8C380F9B336D

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Michael Edward Edward Migliori

Mailing Address 392 Rochambeau Ave

City

Providence

State

RI

Zip Code

02906-3520

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.38

Date of Receipt

07 / 08 / 2012

Transaction ID : 466A81A9360FB25519CB

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Aaron Miller

Mailing Address 19719 Oxalis Ct

City

Spring

State

TX

Zip Code

77379-7555

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

07 / 23 / 2012

Transaction ID : 4A03A18140CC35760EB4

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

548.34

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Scott Miller

Mailing Address 7232 Engle Rd

City

Fort Wayne

State

IN

Zip Code

46804-2222

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

07 / 13 / 2012

Transaction ID : 3D60FCF3D94AE4227ED

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Carl Minning Jr.

Mailing Address 888 Eastward Cir

City

Zanesville

State

OH

Zip Code

43701-1554

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

07 / 19 / 2012

Transaction ID : B3E6FF41CF1CA2B7E88

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Amalia Miranda

Mailing Address 4801 Bocage Ln

City

Oklahoma City

State

OK

Zip Code

73142-5407

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

07 / 14 / 2012

Transaction ID : 440DAF515AC12C9279D9

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Sok Nam

Mailing Address 4278 W 3rd St

City

Los Angeles

State

CA

Zip Code

90020-3449

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

583.38

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 08 / 2012

Transaction ID : 44169FF741451A8ECC65

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Juan NevarezMailing Address 1699 Calle Parana
Rio Piedras Hei

City

San Juan

State

PR

Zip Code

00926-3143

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 02 / 2012

Transaction ID : 28EAB09F1D49E2F298

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. T. Michael NorkMailing Address 600 Highland Ave
F4/336

City

Madison

State

WI

Zip Code

53792-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 05 / 2012

Transaction ID : 88119B3C7CE4DD71653

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

1583.34

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Michael Novak

Mailing Address 3401 Enterprise Pkwy
Ste 300

City Cleveland State OH Zip Code 44122-7340

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 19 / 2012

Transaction ID : A44B7E4CCB726663039

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Kelly Patrick O'Neill

Mailing Address 563 Wessel Dr

City Fairfield State OH Zip Code 45014-3668

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.38

Date of Receipt

07 / 09 / 2012

Transaction ID : 478AB534ACB9E3B88787

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Timothy Page

Mailing Address 800 S Adams Rd
Ste 201

City Birmingham State MI Zip Code 48009-7008

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

07 / 20 / 2012

Transaction ID : 4D4B8EF944CAD504E8A2

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

625.01

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Millicent Palmer

Mailing Address 4102 Woolworth Ave
Routing # 112

City State Zip Code
Omaha NE 68105-1851

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.69

Date of Receipt

07 / 20 / 2012

Transaction ID : 45D79A2325B7D824FBC4

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Gerardo Parada

Mailing Address 130 Vann St NE
Ste 230

City State Zip Code
Marietta GA 30060-7230

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

07 / 12 / 2012

Transaction ID : 282DDF1861ECE187C80

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Robert Park

Mailing Address 1 Vanderbilt Park Dr
Ste 150

City State Zip Code
Asheville NC 28803-1764

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

07 / 17 / 2012

Transaction ID : CCEE0241D71D5675393

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional)..... ►

1006.67

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Stephen Pascucci

Mailing Address 9089 Terranova Dr

City State Zip Code
 Naples FL 34109-4370

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 17 / 2012

Transaction ID : EE16DC785B884746735

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Sanjay Patel

Mailing Address 1501 Redbud Blvd

City State Zip Code
 McKinney TX 75069-3226

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 09 / 2012

Transaction ID : 8F32AE596C0CEB29804

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Harpreet Nini Patheja

Mailing Address 110 Pepper Hill Way

City State Zip Code
 Aiken SC 29801-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 03 / 2012

Transaction ID : 4BEDAF7BB50ED63EDB10

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

833.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Arthur Perry

Mailing Address 9850 Genesee Ave
Ste 310

City State Zip Code
La Jolla CA 92037-1208

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 12 / 2012

Transaction ID : 13CC6167B62523DDFB2

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Norman Radtke

Mailing Address 3 Audubon Plaza Dr
Ste 240

City State Zip Code
Louisville KY 40217-1319

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 13 / 2012

Transaction ID : 62B0BC6F91A39B24C05

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. William Rich

Mailing Address 6231 Leesburg Pike
Ste 608

City State Zip Code
Falls Church VA 22044-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

07 / 26 / 2012

Transaction ID : 4CE6B9FA575209A47927

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

833.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. David Richardson

Mailing Address 207 S Santa Anita Ave
Ste P25

City State Zip Code
San Gabriel CA 91776-1145

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2219.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 26 / 2012

Transaction ID : 4E01A0D59B20701742ED

Amount of Each Receipt this Period

317.00

Full Name (Last, First, Middle Initial)

B. James Richmond Jr.

Mailing Address 932 Spring Creek Rd

City State Zip Code
Chattanooga TN 37412-3910

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 30 / 2012

Transaction ID : 40A2FBF3C6966310DD8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. John Riffle

Mailing Address 594 Firestone Pl

City State Zip Code
Augusta GA 30907-8955

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 12 / 2012

Transaction ID : 8140B7FC738DC678B7A

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1067.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Christian Risser

Mailing Address 9250 N 3rd St
Ste 3030

City State Zip Code
Phoenix AZ 85020-2431

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

547.46

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 16 / 2012

Transaction ID : 4E28D75A239AE935070

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Aron Rose

Mailing Address 40 Temple St
Temple Medical Center, Suite 5B

City State Zip Code
New Haven CT 06510-2718

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 05 / 2012

Transaction ID : 223701069315DD488F4

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Paul Rosenberg

Mailing Address 1015 Ridge Rd
Ocusight Eye Care Center

City State Zip Code
Webster NY 14580-2907

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 17 / 2012

Transaction ID : 0E40C19C2511E360F85

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1865.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Brian Paul Roth

Mailing Address 1022 W Ivy Ave

City

Moses Lake

State

WA

Zip Code

98837-4107

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

07 / 30 / 2012

Transaction ID : C452A4786FAD17DD041

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mark Ruchman

Mailing Address 1 Reservoir Office Park
Ste 203

City

Southbury

State

CT

Zip Code

06488-3926

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.94

Date of Receipt

07 / 28 / 2012

Transaction ID : 4C21857771A38601F4B1

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Steven Safran

Mailing Address 132 Franklin Corner Rd
A-1

City

Lawrenceville

State

NJ

Zip Code

08648-2523

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

07 / 03 / 2012

Transaction ID : A6212C3BC373E93C868

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

1395.42

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Ajay Sanan

Mailing Address 7396 N La Cholla Blvd

City

Tucson

State

AZ

Zip Code

85741-2305

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 11 / 2012

Transaction ID : 2C97F82C33CBDAAD5ED

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Linda Schumacher-Feero

Mailing Address 8 Thomas Dr

City

Waterville

State

ME

Zip Code

04901-4406

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.87

Date of Receipt

07 / 08 / 2012

Transaction ID : 497CA1528CD9EC5F4FD3

Amount of Each Receipt this Period

30.41

Full Name (Last, First, Middle Initial)

C. Bruce Schwartz

Mailing Address 707 N Michigan St
Ste 210

City

South Bend

State

IN

Zip Code

46601-1069

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 19 / 2012

Transaction ID : CF7893F98AD017A20BF

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

780.41

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Audrey Schwarzbein

Mailing Address 31331 Coast Hwy

City

Laguna Beach

State

CA

Zip Code

92651-6989

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 09 / 2012

Transaction ID : A608A038849627FF49F

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Michael Scott

Mailing Address 515 Sunset Rdg

City

Dubuque

State

IA

Zip Code

52003-7762

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 19 / 2012

Transaction ID : A7E5C72D5A65DB490BA

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Daniel Shapiro

Mailing Address 90 S Bedford Rd

City

Mount Kisco

State

NY

Zip Code

10549-3412

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 19 / 2012

Transaction ID : FC8DF5BF0A2CA971F1D

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Debra Shetlar

Mailing Address 2002 Holcombe Blvd
Ste 112C

City Houston State TX Zip Code 77030-4211

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.94

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 24 / 2012

Transaction ID : 45408C184440671601CD

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. David Shulman

Mailing Address 999 E Basse Rd
Ste 127

City San Antonio State TX Zip Code 78209-1802

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 22 / 2012

Transaction ID : 45B79728BC73EC0601FA

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Lawrence Singerman

Mailing Address 3401 Enterprise Pkwy
Ste 300

City Cleveland State OH Zip Code 44122-7340

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.06

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 29 / 2012

Transaction ID : 41F5A4A05659023C7F86

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

197.10

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Daniel Smith

Mailing Address 110 Pepper Hill Way

City

Aiken

State

SC

Zip Code

29801-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

07 / 03 / 2012

Transaction ID : 4B699EF85746F216187F

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Scott So

Mailing Address 2100 Webster St
Ste 214

City

San Francisco

State

CA

Zip Code

94115-2375

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

07 / 19 / 2012

Transaction ID : 4BFCB7C7A0E35190C345

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Samuel Spalding

Mailing Address 3107 E Genesee St

City

Syracuse

State

NY

Zip Code

13224-1646

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

07 / 19 / 2012

Transaction ID : 0A4D0F39C90C75EC616

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

548.34

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Gerald Spindel

Mailing Address 6 Tsienneto Rd
Ste 101

City State Zip Code
Derry NH 03038-1584

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

07 / 16 / 2012

Transaction ID : 4D13A05310C4C78D9149

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Jay Bennett Stallman

Mailing Address 1100 Johnson Ferry Rd NE
Building 2 Suite 593

City State Zip Code
Atlanta GA 30342-1709

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

398.00

Date of Receipt

07 / 17 / 2012

Transaction ID : A4284135F8BC380C816

Amount of Each Receipt this Period

199.00

Full Name (Last, First, Middle Initial)

C. Gwen Sterns

Mailing Address 1425 Portland Ave

City State Zip Code
Rochester NY 14621-3001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

07 / 09 / 2012

Transaction ID : BD1BAF179DC219E3857

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

605.67

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Cameron Stone

Mailing Address 386 Kimberly Ave

City

Asheville

State

NC

Zip Code

28804-2647

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.38

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 03 / 2012

Transaction ID : 49E69D5891BB9A7A2367

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Domenic Strazzulla

Mailing Address 500 Congress St
Ste 1A1

City

Quincy

State

MA

Zip Code

02169-0917

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 13 / 2012

Transaction ID : 5CB520089020FB2005E

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. James Suit

Mailing Address PO Box 956
626 1st Street

City

Macon

State

GA

Zip Code

31202-0956

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 13 / 2012

Transaction ID : B91598A91E873FD4F7B

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

583.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Gary Tanner

Mailing Address 10 Jacobs Ln

City

Newport News

State

VA

Zip Code

23606-2815

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 29 / 2012

Transaction ID : 48AC809EA83ED2612393

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Jonathan Till

Mailing Address 3090 Electric Rd
Ste B

City

Roanoke

State

VA

Zip Code

24018-3090

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 09 / 2012

Transaction ID : E1D5A2C1664EDFCAF7D

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. Albert Lon Ungricht

Mailing Address 5770 S 250 E
Ste 410

City

Salt Lake City

State

UT

Zip Code

84107-8178

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

07 / 17 / 2012

Transaction ID : 7421B98AC012C7C167F

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2700.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. William Thomas Walton

Mailing Address 13919 Bluff Wind

City

San Antonio

State

TX

Zip Code

78216-7923

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

07 / 16 / 2012

Transaction ID : 9EBDE50F25136B2CDA1

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Thomas Peter Ward

Mailing Address 18 Old Stone Xing

City

West Hartford

State

CT

Zip Code

06117-1859

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 14 / 2012

Transaction ID : 4DA8B05BB6AFAF16158D

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Aaron Weingeist

Mailing Address 4717 53rd Ave S

City

Seattle

State

WA

Zip Code

98118-1551

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

07 / 26 / 2012

Transaction ID : 4C409910D123E7B12D5B

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)..... ►

175.01

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. James Wentzien

Mailing Address 3600 N Interstate Ave

City

Portland

State

OR

Zip Code

97227-1106

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

07 / 12 / 2012

Transaction ID : 4939A79445C40288D7B6

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Julia Whiteside-De Vos

Mailing Address 2984 Brighton Rd

City

Shaker Heights

State

OH

Zip Code

44120-1721

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 30 / 2012

Transaction ID : 4C2DE2D410CC0BDFC0A

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mark Wieland

Mailing Address 50 S San Mateo Dr
Ste 125

City

San Mateo

State

CA

Zip Code

94401-3859

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 31 / 2012

Transaction ID : F7D719DC5EBA5451BFD

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

591.67

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Robert Wiggins

Mailing Address 1 Country Club Rd

City

Asheville

State

NC

Zip Code

28804-3634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 30 / 2012

Transaction ID : A1B8DE94A6CA08FA3A1

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Reg Williams

Mailing Address PO Box 2588

City

Hickory

State

NC

Zip Code

28603-2588

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 17 / 2012

Transaction ID : 9FD226B13419D546C7B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Jeremy WolfeMailing Address 3535 W 13 Mile Rd
Ste 344

City

Royal Oak

State

MI

Zip Code

48073-6770

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 26 / 2012

Transaction ID : 493391BB810064136636

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ►

591.67

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. George Wong

Mailing Address 1500 N Dixie Hwy
Ste 201

City State Zip Code
West Palm Beach FL 33401-2716

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 09 / 2012

Transaction ID : 459417000A872603995

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. William Wong

Mailing Address 99-128 Aiea Heights Dr
Ste 703

City State Zip Code
Aiea HI 96701-3978

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 08 / 2012

Transaction ID : 47C0B8769F3DF7027699

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

c. Christopher Wood

Mailing Address 1588 N Arlington Heights Rd
Northwest Eye Physicians

City State Zip Code
Arlington Heights IL 60004-3906

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 30 / 2012

Transaction ID : AF7D6EA11722BE1CA18

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1041.67

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Charles Woods

Mailing Address 1320 14th Ave SE

City

Decatur

State

AL

Zip Code

35601-4348

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 02 / 2012

Transaction ID : 9DF1F03BD5EA87327E3

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. George Wyhinny

Mailing Address 1875 Dempster St

City

Park Ridge

State

IL

Zip Code

60068-1186

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

07 / 02 / 2012

Transaction ID : 0D8C16573F76316A883

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Lyn Yakubov

Mailing Address 10 Dutton Dr

Eye Care Assoc Inc

City

Youngstown

State

OH

Zip Code

44502-1818

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 13 / 2012

Transaction ID : F69F1878FDEB83317ED

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1365.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 56 OF 70

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Jason Ysasaga

Mailing Address 7411 Wallace Blvd

City State Zip Code
Amarillo TX 79106-1835

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 17 / 2012

Transaction ID : F54A83A1F6251325328

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Carol Ziel

Mailing Address 2025 Frontis Plaza Blvd
Ste 100

City State Zip Code
Winston Salem NC 27103-5663

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 10 / 2012

Transaction ID : 4061A63034724FF4F7E4

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Raymond Zimmerman

Mailing Address 3330 N 2nd St
Ste 600

City State Zip Code
Phoenix AZ 85012-2395

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 17 / 2012

Transaction ID : 9EFF8535FAEDCE05E7B

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

906.67

TOTAL This Period (last page this line number only)..... ►

48322.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 OF 70
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. George Harocopos

Mailing Address 660 S Euclid Ave

City

Saint Louis

State

MO

Zip Code

63110-1010

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 02 / 2012

Transaction ID : 55A005ADDDE02D3A8C0

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100.00

100.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 59 OF 70

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Andrews for Congress

Mailing Address 215 Fourth Avenue

City	State	Zip Code
Haddon Heights	NJ	07076

Purpose of Disbursement
2012 General

011

Candidate Name

Robert Ernest AndrewsCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		18		2012

Transaction ID : 86351AAB4A8A0B56F60

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Andy Harris for Congress

Mailing Address PO Box 604

City	State	Zip Code
Bel Air	MD	21014

Purpose of Disbursement
2012 General

011

Candidate Name

Andrew P. HarrisCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: MD District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		18		2012

Transaction ID : 4AF1808480E1A3EC3F7

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Bera for Congress

Mailing Address Post Office Box 582496

City	State	Zip Code
Elk Grove	CA	95758

Purpose of Disbursement
2012 General

011

Candidate Name

Ameriash BeraCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		18		2012

Transaction ID : 4EBCF65669833816B42

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 60 OF 70

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Bucshon for Congress

Mailing Address PO Box 250

City	State	Zip Code
Newburgh	IN	47629

Purpose of Disbursement
2012 General

011

Candidate Name

Larry D. Bucshon

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: IN District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	25	/	2012

Transaction ID : BC195C439FA8A9522B1

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Butterfield for Congress

Mailing Address PO Box 2571

City	State	Zip Code
Wilson	NC	27894

Purpose of Disbursement
2012 General

011

Candidate Name

G. K. Butterfield

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: NC District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	25	/	2012

Transaction ID : 228F708BCD6E1BDA44B

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Congressman Waxman Campaign Committee

Mailing Address 6380 Wilshire Blvd., #1612

City	State	Zip Code
Los Angeles	CA	90048

Purpose of Disbursement
2012 General

011

Candidate Name

Henry A. Waxman

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 33

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	11	/	2012

Transaction ID : 857F6FE4CC4F08F1591

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

5500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 61 OF 70

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. David Scott for Congress

Mailing Address PO Box 960821

City	State	Zip Code
Riverdale	GA	30296

Purpose of Disbursement
2012 General

011

Candidate Name

David Albert Scott

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: GA District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2012

Transaction ID : A9917BCE5D4E287F6E9

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Diane Black for Congress

Mailing Address PO Box 1437

City	State	Zip Code
Gallatin	TN	37066-1437

Purpose of Disbursement
2012 Primary

011

Candidate Name

Diane Black

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2012

Transaction ID : 3D2EE87EE5B5DD2877D

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Fleming for Congress

Mailing Address PO Box 1236

City	State	Zip Code
Minden	LA	71058-1236

Purpose of Disbursement
2012 Primary

011

Candidate Name

John Calvin Fleming Jr.

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		18		2012

Transaction ID : 99C534E44A83B14E109

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

9000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 62 OF 70

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Friends of John Barrasso

Mailing Address PO Box 52008

City	State	Zip Code
Casper	WY	82605

Purpose of Disbursement
2012 Primary

011

Candidate Name

John Anthony Barrasso

Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: WY District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	11	/	2012

Transaction ID : 6218CD7FEA8F5AF64AA

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Friends of Lois Capps

Mailing Address PO Box 23940

City	State	Zip Code
Santa Barbara	CA	93121

Purpose of Disbursement
2012 General

011

Candidate Name

Lois Capps

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 24

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	11	/	2012

Transaction ID : 4C2F09EAD018CB0B62B

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Friends of Sam Johnson

Mailing Address PO Box 860096

City	State	Zip Code
Plano	TX	75086

Purpose of Disbursement
2012 General

011

Candidate Name

Samuel Robert Johnson

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	18	/	2012

Transaction ID : AD0B26A183175761073

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

7500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 63 OF 70

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Hayden Rogers for Congress

Mailing Address PO Box 400

City Murphy	State NC	Zip Code 28906
----------------	-------------	-------------------

Purpose of Disbursement
2012 General

011

Candidate Name

Hayden Rogers

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: NC District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		18		2012

Transaction ID : 8FDCB1F4E666FCFE599

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. John D. Dingell for CongressMailing Address 700 13th Street, NW
Suite 600

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

Purpose of Disbursement
2012 Primary

011

Candidate Name

John D. Dingell

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2012

Transaction ID : D75A5CFFC941E78E09B

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Kinzinger for Congress

Mailing Address PO Box 487

City New Lenox	State IL	Zip Code 60451-0487
-------------------	-------------	------------------------

Purpose of Disbursement
2012 General

011

Candidate Name

Adam Kinzinger

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		18		2012

Transaction ID : 31C6AC2E838F538D501

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

9500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 64 OF 70

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Lee Terry for Congress

Mailing Address PO Box 540098

City Omaha	State NE	Zip Code 68154-0098
---------------	-------------	------------------------

Purpose of Disbursement
2012 General

011

Candidate Name

Lee Terry

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: NE District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		18		2012

Transaction ID : F0B1D833B1A71AF4B4E

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Levin for Congress

Mailing Address PO Box 37

City Roseville	State MI	Zip Code 48066
-------------------	-------------	-------------------

Purpose of Disbursement
2012 Primary

011

Candidate Name

Sander M. Levin

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		18		2012

Transaction ID : C2ECDF421E1685FE592

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Matheson for Congress

Mailing Address PO Box 521048

City Salt Lake City	State UT	Zip Code 84152-1048
------------------------	-------------	------------------------

Purpose of Disbursement
2012 General

011

Candidate Name

James David Matheson

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: UT District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2012

Transaction ID : C8C8F91F67713D0DFA4

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 65 OF 70

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. McCollum for Congress

Mailing Address PO Box 14131

City	State	Zip Code
St. Paul	MN	55114

Purpose of Disbursement
2012 Primary

011

Candidate Name

Betty McCollumCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: MN District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2012

Transaction ID : D7DD28556F26E61C248

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. McKinley for Congress

Mailing Address PO Box 642

City	State	Zip Code
Morgantown	WV	26507

Purpose of Disbursement
2012 General

011

Candidate Name

David B. McKinleyCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: WV District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2012

Transaction ID : 6482D9C62C4325A2C69

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Nancy Pelosi for CongressMailing Address 700 13th Street, NW
Suite 600

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement
(Redesignation of 6/6/12 contribution.)

011

Candidate Name

Nancy PelosiCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2012

Transaction ID : 553F5F3D4BCA1E168F1

Amount of Each Disbursement this Period

2500.00

[MEMO ITEM]

(Redesignation of 6/6/12 contribution.)

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Nancy Pelosi for CongressMailing Address 700 13th Street, NW
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
(As disclosed in July Monthly FEC Report.)

Candidate Name

Nancy Pelosi

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	06	/	2012

Transaction ID : B9818E8AA7E25738E5D

Amount of Each Disbursement this Period

2500.00

[MEMO ITEM]

(As disclosed in July Monthly FEC Report.)

Full Name (Last, First, Middle Initial)

B. New Pioneers PAC

Mailing Address 228 S Washington St Ste 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
2012 Contribution

Candidate Name

New Pioneers PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☐ General
☒ Other (specify) ▼ Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	25	/	2012

Transaction ID : F2A12A61014CD9D3BFB

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Paton for Congress

Mailing Address PO Box 68758

City Tucson State AZ Zip Code 85737

Purpose of Disbursement
2012 Primary

Candidate Name

Jonathan Paton

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	25	/	2012

Transaction ID : 36CB77B1A1FCDE9B790

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Paul Broun Committee

Mailing Address PO Box 6337

City	State	Zip Code
Athens	GA	30604

Purpose of Disbursement
2012 General

011

Candidate Name

Paul C. Broun Jr.Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: GA District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2012

Transaction ID : 68D24D99619B9C78717

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. People for Enterprise Trade and Economic Growth (PETE PAC)

Mailing Address 7804 Evening Lane

City	State	Zip Code
Alexandria	VA	22306-2754

Purpose of Disbursement
2012 Contribution

011

Candidate Name

People for Enterprise Trade and Economic Growth (PETE PAC)Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☐ General
☒ Other (specify) ▼ Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		18		2012

Transaction ID : 19C75C30A5F7D7B679B

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Pete Stark Re-Election Committee

Mailing Address PO Box 8331

City	State	Zip Code
Fremont	CA	94537

Purpose of Disbursement
2012 General

011

Candidate Name

Fortney H. Pete StarkCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		11		2012

Transaction ID : 6FE13C0FBBE611644F4

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Pete Stark Re-Election Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		18		2012

Mailing Address PO Box 8331

Transaction ID : D9802B7C3CB268D5737

City	State	Zip Code
Fremont	CA	94537

Amount of Each Disbursement this Period

Purpose of Disbursement
2012 General

011
Category/ Type

4000.00

Candidate Name

Fortney H. Pete Stark

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: CA District: 15

Full Name (Last, First, Middle Initial)

B. Price for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		18		2012

Mailing Address PO Box 425

Transaction ID : FCC1419E3CF11FAD013

City	State	Zip Code
Roswell	GA	30077

Amount of Each Disbursement this Period

Purpose of Disbursement
2012 Primary

011
Category/ Type

1500.00

Candidate Name

Thomas E. Price M.D.

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: GA District: 06

Full Name (Last, First, Middle Initial)

C. Republican Operation To Secure and Keep a Majority (ROSKAM PAC)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2012

Mailing Address PO Box 1011

Transaction ID : 5540C821746FAFDC996

City	State	Zip Code
Wheaton	IL	60187

Amount of Each Disbursement this Period

Purpose of Disbursement
2012 Contribution

011
Category/ Type

2500.00

Candidate Name

Republican Operation To Secure and Keep a Majority (ROSKAM PAC)

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼

State: District: Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

8000.00

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

1000.00

1500.00

5000.00

7500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. The Hawkeye PAC

Mailing Address PO Box 192

City	State	Zip Code
Des Moines	IA	50301

Purpose of Disbursement
2012 Contribution

011

Candidate Name

The Hawkeye PACCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2012

Transaction ID : 48B5271B63E35624F46

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Truth Accountability and Courage Political Action Committee (TACPAC)

Mailing Address 228 S Washington St Ste 115

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement
2012 Contribution

011

Candidate Name

Truth Accountability and Courage Political Action Committee (TACPAC)

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2012

Transaction ID : EA77C4AE4D10E58445B

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Udall for Colorado

Mailing Address PO Box 40158

City	State	Zip Code
Denver	CO	80204

Purpose of Disbursement
2014 Primary

011

Candidate Name

Mark E. UdallCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: CO District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2012

Transaction ID : 03A88FA633FEAC50E22

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00

85000.00
